Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 09/30/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ___

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1971

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

SALTZER MEDICAL GROUP, P.A.

215 E HAWAII AVE
NAMPA, ID 83686-6011

2b Employer Identification Number (EIN)
82-0299231

2c Plan Sponsor's telephone number
208-463-3000

2d Business code (see instructions)
621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/03/2019	CINDY HODGES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/03/2019	CINDY HODGES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	111
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	45
a(2) Total number of active participants at the end of the plan year	**6a(2)**	46
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	45
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	91
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	91
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	91
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2G 2J 2R 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [ ] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] 2 **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 09/30/2018

A Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALTZER MEDICAL GROUP, P.A.

D Employer Identification Number (EIN)
82-0299231

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
63-0169720	69019	SD0436983	1	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JERALD L. CORNILLES
924 16TH AVENUE SOUTH
NAMPA, ID 83651

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	39116

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ COMPLY WITH STATE & FED REGULATIONS

b	Premiums paid to carrier	6b	976
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 09/30/2018

A Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALTZER MEDICAL GROUP, P.A.

D Employer Identification Number (EIN)
82-0299231

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
63-0169720	69019	SD0452139	1	01/01/2018	12/31/2018

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	24750

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ COMPLY WITH STATE & FED REGULATIONS

b	Premiums paid to carrier	6b	733
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 09/30/2018

A Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALTZER MEDICAL GROUP, P.A.

D Employer Identification Number (EIN)
82-0299231

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDUCIARY PARTNERS, INC.

3913 W PROSPECT AVE 201
APPLETON, WI 54914

39-1619761

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	TRUSTEE	51474	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CAPITAL INVESTMENT ADVISORS

101 S CAPITOL BLVD 1800
BOISE, ID 83701

81-0139474

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	63148	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

PINNACLE PENSION SERVICES, INC.

3101 W MAIN STREET, 100
BOISE, ID 83702

82-0433443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	12774	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

RATHBONE WARWICK INV MGMT

101 S CAPITOL BLVD
208-297-5445
BOISE, ID 83702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	6156	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

VOYA FINANCIAL, INC.

PO BOX 990067
HARTFORD, CT 06199-0067

52-1222820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	TRUSTEE	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

TD AMERITRADE HOLDING CORPORATION

200 SOUTH 108TH AVE
OMAHA, NE 68154

82-0543156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	0	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 09/30/2018

A Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALTZER MEDICAL GROUP, P.A.

D Employer Identification Number (EIN)
82-0299231

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1069681	1008495
(2) Participant contributions	1b(2)	12219	21912
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2697404	8050543
(2) U.S. Government securities	1c(2)	297780	17174
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2932065	599708
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5514404	5709603
(5) Partnership/joint venture interests	1c(5)	41306	41306
(6) Real estate (other than employer real property)	1c(6)	1014110	1251410
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	108159	65276
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13062565	4704266
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	59844	59844
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	26809537	21529537
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	26809537	21529537

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1019046	
	(B) Participants	2a(1)(B)	244811	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1263857
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	111377	
	(B) U.S. Government securities	2b(1)(B)	3264	
	(C) Corporate debt instruments	2b(1)(C)	36598	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	4475	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		155714
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	116310	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		116310
	(3) Rents	2b(3)		67115
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	24101931	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	22014697	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2087234
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	237300	
	(B) Other	2b(5)(B)	-1006800	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-769500

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		184111
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3104841
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8251289	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		8251289
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	51474	
(3) Investment advisory and management fees	2i(3)	69304	
(4) Other	2i(4)	12774	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		133552
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8384841
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-5280000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RIPLEY DOORN & COMPANY, P.L.L.C. **(2)** EIN: 82-0476132

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SALTZER MEDICAL GROUP, P.A.
401(K) PROFIT SHARING PLAN

REPORT ON AUDITS OF FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017

OFFICE LOCATIONS

1140 South Allante Ave.
Boise, ID 83709
PH. (208) 375-0550

824 Dearborn St.
Caldwell, ID 83605
PH. (208) 459-3696

217 W. Georgia Ave. Suite 100
Nampa, ID 83686
PH. (208) 466-9264

RIPLEY DOORN & COMPANY, P.L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Saltzer Medical Group, P.A.
401(k) Profit Sharing Plan
Nampa, Idaho

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Saltzer Medical Group, P.A. 401(k) Profit Sharing Plan, which comprise the statements of net assets available for benefits as of September 30, 2018 and 2017, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by Fiduciary Partners, Inc. and Voya Financial, Inc., the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that Fiduciary Partners, Inc. held certain Plan investment assets and executed investment transactions from October 1, 2016, to September 30, 2018, and that Voya Financial, Inc. held certain Plan investment assets and executed investment transactions from September 28, 2018, to September 30, 2018. The plan administrator has obtained certifications from the trustees as of and for the years ended September 30, 2018 and 2017, that the information provided to the plan administrator by the trustees is complete and accurate.

Saltzer Medical Group, P.A.
401(k) Profit Sharing Plan
Nampa, Idaho

As discussed in Note 4 to the financial statements, the fair value of the Plan's investments in a partnership interest and insurance contracts have not been determined as of September 30, 2018 or 2017. These investments are shown at their fair value as of September 30, 2016. Department of Labor's Rules and Regulations and accounting principles generally accepted in the United States of America require plan investments to be valued at fair values as of the end of the plan year. The effects on the financial statements and supplemental schedules of not determining the fair value of these investments as of September 30, 2018 and 2017 is not determinable.

Disclaimer of Opinion

Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental Schedule of Assets Held for Investment Purposes at the End of Year and Schedule of Reportable Transactions as of or for the year ended September 30, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

The Plan has not presented the cost and net gain or loss for investments sold in the supplemental Schedule of Reportable Transactions for the year ended September 30, 2018. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employer Retirement Income Security Act of 1974.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ripley Doom & Company, PLLC

Nampa, Idaho
July 2, 2019

SALTZER MEDICAL GROUP, P.A.
401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2018 AND 2017

	2018	2017
ASSETS:		
Investments at fair value	$ 20,433,854	$ 25,619,478
Receivables:		
Employer contributions	1,008,495	1,069,681
Participant contributions	21,912	12,219
Participant loans	65,276	108,159
Total receivables	1,095,683	1,190,059
NET ASSETS AVAILABLE FOR BENEFITS	$ 21,529,537	$ 26,809,537

See notes to financial statements.

SALTZER MEDICAL GROUP, P.A.
401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017

	2018	2017
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment Income:		
Interest, dividends, and capital gain distributions	$ 518,775	$ 464,252
Net change in fair value of investments	1,317,734	1,603,633
Total investment income	1,836,509	2,067,885
Interest earned on notes receivable from participants	4,475	6,440
Contributions:		
Employer	1,019,046	1,069,681
Participants	244,811	224,009
Total contributions	1,263,857	1,293,690
Total additions	3,104,841	3,368,015
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	8,251,289	407,577
Administrative expenses	133,552	114,877
Total deductions	8,384,841	522,454
NET INCREASE (DECREASE)	(5,280,000)	2,845,561
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	26,809,537	23,963,976
END OF YEAR	$ 21,529,537	$ 26,809,537

See notes to financial statements.

SALTZER MEDICAL GROUP, P.A.
401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2018 AND 2017

1. DESCRIPTION OF PLAN

The following description of Saltzer Medical Group, P.A. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering all employees of the Company as of September 30 who were age twenty-one or older, had completed one year of service, and worked 1,000 hours or more during the Plan year. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. Each year, the Company's Board of Directors determines the amount to be contributed to the Plan. Contributions are subject to certain limitations. Beginning October 1, 2008, participants may contribute up to 100% of pretax annual compensation as defined in the Plan up to the limits provided by the Internal Revenue Code. Participants may also, with the Plan's consent, contribute amounts representing distributions from other qualified plans.

Participant Accounts. Each participant's account is credited with the participant's contributions, an allocation of the Company's contribution, plan earnings, and forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participants' compensation, years of service, and account balances, as defined by the Plan. Participants may select their own individual investments or invest in six pooled accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in employer contributions is based on years of continuous service with the Company. A participant is 100 percent vested after six years of service.

Participant Loans. Participants may borrow from their accounts up to a maximum amount equal to the lesser of $50,000 or 50% of their vested account value. Loan terms range from 1-5 years or up to 20 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Interest rates range from five and one-quarter percent to seven and one-quarter percent. Principal and interest is paid in equal monthly or quarterly installments over the term of the loan.

1. DESCRIPTION OF PLAN (CONTINUED)

Payment of Benefits. Benefits are payable upon normal retirement at or after age 55, termination of employment, death or disability. On termination of service due to death, disability, termination of employment or retirement, participants may elect to receive their vested benefits in a single lump sum or in installments over a period of not more than the participant's assumed life expectancy (or the participant and the participant's beneficiary's assumed life expectancies) determined at the time of distribution.

Forfeited Accounts. At September 30, 2018 and 2017, forfeited nonvested accounts totaled $9,705 and $2,326, respectively. These amounts were used to offset future plan administrative expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Values of the Plan's investment assets held as of September 30, 2018 and 2017 were determined by Fiduciary Partners, Inc. and Voya Financial, Inc. See Note 4 for discussion of fair value measurements.

Administrative Expenses

Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. In addition, certain administrative expenses are paid directly by the Company, and are not reflected in these financial statements.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when distribution requests are completed and processed.

Events Occurring After Reporting Date

The Company has evaluated events and transactions that occurred between September 30, 2018 and July 2, 2019, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

3. UNAUDITED INFORMATION

Fiduciary Partners, Inc. and Voya Financial, Inc., trustees of the Plan, held the Plan's investment assets and executed transactions therein. Financial information relating to the assets is included in the accompanying financial statements and supplemental schedule and is based on information provided by, and certified to as complete and accurate by, the trustees. This information, which has not been audited by independent accountants, is summarized as follows:

Net Assets

	2018	2017
Assets:		
Investments	$ 20,433,854	$ 25,619,478
Participant loans	65,276	108,159
Total assets	20,499,130	25,727,637
Total net assets	$ 20,499,130	$ 25,727,637

3. UNAUDITED INFORMATION (CONTINUED)

Changes in Net Assets

Interest, dividends, and capital gain distributions	$ 518,775	$ 464,252
Net change in fair value of investments	1,317,734	1,603,633
Interest earned on notes receivable from participants	4,475	6,440
Net increase	$ 1,840,984	$ 2,074,325

4. FAIR VALUE MEASUREMENTS (UNAUDITED)

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identifical assets or liabilities in active markets that the plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a

4. FAIR VALUE MEASUREMENTS (UNAUDITED) (CONTINUED)

Level 2 (continued)	specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2018 and 2017.

Registered investment companies : Valued at the quoted net asset value (NAV) of shares held by the plan at year end.

Government securities, corporate bonds, corporate common stock, and publicly traded partnership interests: Valued at the closing price reported on the active market where the individual securities are traded.

Partnership interests : Valued using comparable values of property similar to the underlying partnership assets.

Real estate : Valued using comparable values of similar property.

Insurance contracts : Valued at surrender values provided by the contract issuers.

4. FAIR VALUE MEASUREMENTS (UNAUDITED) (CONTINUED)

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
September 30, 2018			
Cash and cash equivalents	$ 8,050,543	$ 8,050,543	
Government securities	17,174	17,174	
Corporate bonds	599,708	599,708	
Corporate common stock	5,709,603	5,709,603	
Partnership interests	41,306		$ 41,306
Real estate	1,251,410		1,251,410
Registered investment companies	4,704,266	4,704,266	
Insurance contracts	59,844		59,844
Total	$ 20,433,854	$ 19,081,294	$ 1,352,560
September 30, 2017			
Cash and cash equivalents	$ 2,697,404	$ 2,697,404	
Government securities	297,780	297,780	
Corporate bonds	2,932,065	2,932,065	
Corporate common stock	5,514,404	5,514,404	
Partnership interests	41,306		$ 41,306
Real estate	1,014,110		1,014,110
Registered investment companies	13,062,565	13,062,565	
Insurance contracts	59,844		59,844
Total	$ 25,619,478	$ 24,504,218	$ 1,115,260

4. FAIR VALUE MEASUREMENTS (UNAUDITED) (CONTINUED)

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

September 30, 2018	Partnership Interests	Real Estate	Insurance Contracts
Beginning balance	$ 41,306	$ 1,014,110	$ 59,844
Total gains or losses (realized and unrealized) in net assets available for benefits		237,300	
Ending balance	$ 41,306	$ 1,251,410	$ 59,844
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$ -	$ 237,300	$ -

The Plan has not determined the fair value of the investments in a partnership interest and insurance contracts as of September 30, 2018, which is a departure from accounting principles generally accepted in the United States of America and Department of Labor Rules and Regulations. These investments are reported at their September 30, 2016 fair values.

4. FAIR VALUE MEASUREMENTS (UNAUDITED) (CONTINUED)

September 30, 2017	Partnership Interests	Real Estate	Insurance Contracts
Beginning balance	$ 41,306	$ 1,014,110	$ 59,844
Total gains or losses (realized and unrealized) in net assets available for benefits	-	-	-
Ending balance	$ 41,306	$ 1,014,110	$ 59,844
Total gains or losses for the year included in changes in net assets available for benefits attributable to the change in unrealized gains or losses relating to investments still held at the reporting date	$ -	$ -	$ -

4. FAIR VALUE MEASUREMENTS (UNAUDITED) (CONTINUED)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits are reported in net change in fair value of investments and increase in cash value of life insurance. For the years ended September 30, 2018 and 2017, there were no transfers into or out of Level 3.

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

6. TAX STATUS

The IRS has determined and informed the Company by letter dated March 31, 2014, that the plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended since receiving the determination letter, the plan administrator and the plan's tax counsel believe that the plan is designed and currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

8. PLAN AMENDMENT

Effective October 1, 2017, the Plan was amended to allow for certain employees of predecessor employers to become participants in the Plan. Those employees were given credit for their service with the predecessor employers in determining if they met Plan requirements.

9. OTHER INFORMATION

Effective May 1, 2019, formerly leased employees became employees of Saltzer Medical Group, P.A. As a result, the Plan sponsor anticipates a large increase in participants for the ensuing plan year.

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
CASH & CASH EQUIVALENTS			169,982	169,982
VANGUARD SHORT TERM BD IDX	REGISTERED INVEST. COMPANY	12,253	128,236	125,224
VANGUARD SHORT TERM INV G FD	REGISTERED INVEST. COMPANY	12,022	127,611	125,630
RENEWABLE RESOURCES OF IDAHO DBA	COMMON STOCK	10	125,000	1
DMG BLOCKCHAIN SOLUTIONS INC COM	COMMON STOCK	4,000	3,740	840
ZAP COM NEW	COMMON STOCK	20,000	4,960	168
HORIZONS MARIHUNA LIFE SCIENCES INDEX	COMMON STOCK	500	4,719	9,400
AMERICAN CENTURY GLOBAL GOLD FUND	REGISTERED INVEST. COMPANY	590	10,000	4,190
DFA US TARGETED VALUE PORTF #96	REGISTERED INVEST. COMPANY	6,811	141,968	177,223
DFA US LARGE CAP VALUE #35	REGISTERED INVEST. COMPANY	2,531	81,356	101,108
DFA WORLD EX US CORE EQUITY	REGISTERED INVEST. COMPANY	23,887	231,025	279,473
FIDELITY ADV DIV INTL FD	REGISTERED INVEST. COMPANY	769	11,862	18,266
VANGUARD BALANCED INDEX	REGISTERED INVEST. COMPANY	357	10,390	12,906
VANGUARD TOTAL BOND MKT IDX ADMIRAL	REGISTERED INVEST. COMPANY	8,909	95,645	92,295
VANGUARD WINDSOR II FUND	REGISTERED INVEST. COMPANY	185	6,216	7,367
VANGUARD TOTAL STOCK MKT IDX FD ADM	REGISTERED INVEST. COMPANY	3,633	186,266	264,614
SAN KATRINA III, LP	PARTNERSHIP INTEREST	1	20,000	41,306
STANDARD INSURANCE CO #SD0436983	INSURANCE CONTRACT	1	32,945	36,227
STANDARD INSURANCE CO #SD0452139	INSURANCE CONTRACT	1	22,478	23,618
CANYON COUNTY ID	REAL ESTATE	VACANT 1/2 INT	90,316	62,110
RESIDENTIAL RENTAL	REAL ESTATE	520 W PALMER DR	130,100	166,000
RESIDENTIAL RENTAL	REAL ESTATE	1763-65 SUNRISE	208,900	289,900
RESIDENTIAL RENTAL	REAL ESTATE	508 SIMPSON AVE	117,000	172,000
RESIDENTIAL RENTAL	REAL ESTATE	1320 W HAWK PL	72,000	142,500
RESIDENTIAL RENTAL	REAL ESTATE	1918 ISABEL WAY ABERDEEN	155,000	234,000
RESIDENTIAL RENTAL	REAL ESTATE	542 & 544 N 10TH POCATELLO	118,000	184,900
VOYA GV MNY MKT F A (HID ACCT)	HOLDING ACCOUNT		6,705,732	6,705,732
CASH & CASH EQUIVALENTS			9,279	9,279
COLUMBIA BANKING SYSTEMS INC COM	COMMON STOCK	40		1,551
VANGUARD SHRT TRM CORP BD ETF	COMMON STOCK	50		3,908
VANGUARD MID CAP ETF	COMMON STOCK	15		2,463
CASH & CASH EQUIVALENTS			5,010	5,010
CASH & CASH EQUIVALENTS			342,968	342,968
FIRST TRUST SPECIALTY FINANCE COM BEN INTR	COMMON STOCK	1,000	7,472	6,340
ISHARES CORE S&P TTL STK ETF	COMMON STOCK	100	4,521	6,663
ISHARES MSCI EMG MKT ETF	COMMON STOCK	118	4,026	5,065
ISHARES CORE MSCI TOTAL ETF	COMMON STOCK	75	3,915	4,523

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
PROSHARES S&P 500 DV ARIST ETF	COMMON STOCK	75	4,210	5,011
SELECT SECTOR SPDR TRUST TECHNOLOGY ETF	COMMON STOCK	70	3,009	5,273
SPDR FTSE BLOOMBERG BRCLYS HI YLD BD ETF	COMMON STOCK	141	4,998	5,083
VANGUARD WORLD FUNDS UTILITIES ETF	COMMON STOCK	18	1,701	2,122
GRIFFIN INSTL ACCESS REAL ESTATE	REGISTERED INVEST. COMPANY	1,097	26,830	29,543
NORTHERN LIGHTS TRUST SWAN DEFINED RISK I	REGISTERED INVEST. COMPANY	2,251	25,807	29,779
CASH & CASH EQUIVALENTS			30,325	30,325
RUSSELL FDS EMERG MKTS FD CL S	REGISTERED INVEST. COMPANY	4,385		84,770
RUSSELL FDS GLOBAL REAL ESTATE SEC CL S	REGISTERED INVEST. COMPANY	1,818		60,566
RUSSELL FDS GLOBAL OPPO CREDIT S	REGISTERED INVEST. COMPANY	5,231		49,433
RUSSELL FDS GLBL INFRASTRUCTURE S	REGISTERED INVEST. COMPANY	2,546		27,321
RUSSELL FDS COMMODITY STR S	REGISTERED INVEST. COMPANY	13,013		71,834
RUSSELL FDS STRATEGIC BOND CL S	REGISTERED INVEST. COMPANY	33,014		344,994
RUSSELL FDS US MALL CAP EQUITY S	REGISTERED INVEST. COMPANY	1,285		45,231
RUSSELL FUNDS GLOBAL EQUITY S	REGISTERED INVEST. COMPANY	6,980		78,667
RUSSELL FUNDS MULTIFACTOR INTL EQTY S	REGISTERED INVEST. COMPANY	11,857		119,990
RUSSELL FUNDS MULTIFACTOR US EQUITY S	REGISTERED INVEST. COMPANY	29,845		424,995
RUSSELL FUNDS US MID CAP EQUITY S	REGISTERED INVEST. COMPANY	7,895		98,211
CASH & CASH EQUIVALENTS			12,864	12,864
ISHARES CORE S&P MCP ETF	COMMON STOCK	109		21,941
ISHARES CORE S&P SCP ETF	COMMON STOCK	249		21,723
ALPS FUNDS SEAFARER OVERSEAS GR & INC INS	REGISTERED INVEST. COMPANY	1,122		13,753
COHEN & STEERS REAL EST SECURITIES I	REGISTERED INVEST. COMPANY	1,626		25,299
DODGE & COX FUNDS INCOME FUNDS	REGISTERED INVEST. COMPANY	3,475		46,423
FIDELITY 500 INDEX INSTITUTIONAL	REGISTERED INVEST. COMPANY	3,283		335,817
FIDELITY INTL IDX FD FID ADV CL	REGISTERED INVEST. COMPANY	248		10,557
MATTHEWS FDS ASIA DIVIDEND INSTL	REGISTERED INVEST. COMPANY	1,610		30,280
OAKMARK FDS INTERNATIONAL FUND	REGISTERED INVEST. COMPANY	1,123		29,416
PIMCO FDS INCOME INSTL	REGISTERED INVEST. COMPANY	1,753		20,845
VANGUARD INTRM-TERM INVT GRADE ADMIRAL	REGISTERED INVEST. COMPANY	4,306		40,347
CASH & CASH EQUIVALENTS			60,453	60,453
ABBVIE INC COM	COMMON STOCK	150		14,187
AMC NETWORKS INC COM CL A	COMMON STOCK	175		11,610
AMGEN INC COM	COMMON STOCK	100		20,729
APACHE CORP COM	COMMON STOCK	150		7,151
AT&T INC COM	COMMON STOCK	400		13,432
BOEING CO COM	COMMON STOCK	50		18,595
CELGENE CORP COM	COMMON STOCK	100		8,949

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
CISCO SYSTEMS INC COM	COMMON STOCK	400		19,460
COCA COLA CO COM	COMMON STOCK	200		9,238
CONOCOPHILLIPS CORP COM	COMMON STOCK	150		11,610
CUMMINS INC COM	COMMON STOCK	75		10,955
DUKE ENERGY HOLDINGS CORP COM	COMMON STOCK	150		12,003
EXXON MOBIL CORPORATION COM	COMMON STOCK	100		8,502
FORD MOTOR COM	COMMON STOCK	900		8,325
FRANKLIN LTD DURTN INC TR COM	COMMON STOCK	1,000		10,180
GAMCO GLOBAL GOLD NTRL RES COM SH BEN INT	COMMON STOCK	3,500		16,433
GENERAL ELECTRIC CO COM	COMMON STOCK	450		5,081
GILEAD SCIENCES INC COM	COMMON STOCK	100		7,721
GOLDCORP INC COM	COMMON STOCK	400		4,080
GOLDMAN SACHS GROUP INC	COMMON STOCK	50		11,212
HCP INC COM	COMMON STOCK	200		5,264
HOLLYFRONTIER CORP COM	COMMON STOCK	200		13,980
HONEYWELL INTERNATIONAL INC COM	COMMON STOCK	100		16,640
INTEL CORP COM	COMMON STOCK	300		14,187
ISHARES MSCI EMG MKT ETF	COMMON STOCK	525		22,533
ISHARES INTRM GOV CR ETF	COMMON STOCK	300		32,205
JOHNSON & JOHNSON COM	COMMON STOCK	150		20,726
KIMBERLY CLARK CORP COM	COMMON STOCK	75		8,523
KRAFT HEINZ CO COM	COMMON STOCK	100		5,511
L3 TECHNOLOGIES INC COM	COMMON STOCK	50		10,631
LOCKHEED MARTIN COM	COMMON STOCK	50		17,298
MCCORMICK & CO INC COM	COMMON STOCK	100		13,175
MERCK & CO INC COM	COMMON STOCK	225		15,962
MICROSOFT CORP COM	COMMON STOCK	200		22,874
NIKE INC COM CL B	COMMON STOCK	150		12,708
NUTRIEN LTD CO COM	COMMON STOCK	160		9,232
ORACLE CORP COM	COMMON STOCK	225		11,601
PAYPAL HLDGS INC COM	COMMON STOCK	150		13,176
PEPSICO INC COM	COMMON STOCK	150		16,770
PFIZER INC COM	COMMON STOCK	425		18,730
PROCTER GAMBLE CO COM	COMMON STOCK	125		10,404
QUALCOMM INC COM	COMMON STOCK	150		10,805
SCHLUMBERGER LTD COM	COMMON STOCK	150		9,138
SELECT SECTOR SPDR TRUST ENERGY ETF	COMMON STOCK	300		22,722

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
SOUTHERN CO COM	COMMON STOCK	200		8,720
SPROTT PHYSICAL GOLD AND SILVE TR UNIT	COMMON STOCK	2,000		23,360
THE HERSHEY COMPANY COM	COMMON STOCK	125		12,750
VANGUARD SMLLCP 600 IDX ETF	COMMON STOCK	200		31,904
VANGUARD MIDCP 400 IDX ETF	COMMON STOCK	300		40,782
VANGUARD ALLWRLD EX US ETF	COMMON STOCK	200		10,410
VANGUARD S&P 500 ETF SHS	COMMON STOCK	175		46,734
VENTAS INC COM	COMMON STOCK	200		10,876
VERIZON COMMUNICATIONS COM	COMMON STOCK	200		10,678
VISA INC COM CL A	COMMON STOCK	125		18,761
WALMART INC COM	COMMON STOCK	100		9,391
WALT DISNEY CO COM	COMMON STOCK	100		11,694
YUM CHINA HOLDINGS INC COM	COMMON STOCK	300		10,533
YUM! BRANDS INC COM	COMMON STOCK	100		9,091
APPLE INC	BOND	2.85%, 05/06/2021		49,751
AT&T INC	BOND	3%, 02/15/2022		48,972
E M C CORP MASS	BOND	2.65%, 06/01/2020		49,091
GENERAL ELEC CAP CORP SENIOR MEDIUM	BOND	3.35%, 06/15/2022		24,297
GENERAL MILLS INC CALLABLE	BOND	3.15%, 12/15/2021		24,727
JOHN DEERE CAP SENIOR MEDIUM	BOND	2.8%, 03/06/2023		24,440
JP MORGAN CHASE BANK NA SENIOR MED	BOND	2.2155%, 03/28/2024		22,763
MORGAN STANLEY DEAN W MS	BOND	2.65%, 01/27/2020		49,680
WELLS FARGO COMPANY SUBORDINATED	BOND	3.45%, 02/13/2023		24,557
CASH & CASH EQUIVALENTS			52,306	52,306
CASH & CASH EQUIVALENTS			314,259	314,259
ACTUANT CORP COM CL A	COMMON STOCK	500		13,950
AECOM COM	COMMON STOCK	200		6,532
ALASKA AIR GROUP INC COM	COMMON STOCK	200		13,772
AMERICAN WATER WORKS CO COM	COMMON STOCK	300		26,391
ANALOG DEVICES INC COM	COMMON STOCK	200		18,492
ASTRAZENECA PLC ADR SPONSORED	COMMON STOCK	400		15,828
ATLAS AIR WORLDWIDE HLDG INC COM	COMMON STOCK	200		12,750
BANK NOVA SCOTIA HALIFAX COM	COMMON STOCK	200		11,926
BANK OF NEW YORK MELLON CORP COM	COMMON STOCK	300		15,297
BAYTEX ENERGY CORP	COMMON STOCK	200		582
BB&T CORPORATION	COMMON STOCK	300		14,562
BERKLEY W R CORP COM	COMMON STOCK	300		23,979
CALAVO GROWERS INC COM	COMMON STOCK	300		28,980

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
CHART INDUSTRIES INC COM	COMMON STOCK	300		23,499
CHEMOURS CO LLC COM	COMMON STOCK	40		1,578
CHURCH & DWIGHT INC COM	COMMON STOCK	400		23,748
CONDUENT INC COM	COMMON STOCK	200		4,504
CONTANGO OIL & GAS CO COM	COMMON STOCK	150		927
CONTANGO ORE INC COM	COMMON STOCK	15		315
CORNING INC COM	COMMON STOCK	400		14,120
DOWDUPONT INC COM	COMMON STOCK	256		16,463
ECOLAB INC COM	COMMON STOCK	100		15,678
ELI LILLY & CO COM	COMMON STOCK	103		11,053
EQUINOR ASA ADR	COMMON STOCK	1,000		28,200
FASTENAL CO COM	COMMON STOCK	300		17,406
FORESCOUT TECHNOLOGIES COM	COMMON STOCK	500		18,880
GEMALTO NV ADR SPONSORED	COMMON STOCK	500		14,535
GENERAL MILLS INC COM	COMMON STOCK	500		21,460
GILEAD SCIENCES INC COM	COMMON STOCK	500		38,605
GRUPO TELEVISA SA GLOBAL DP SH ADR	COMMON STOCK	750		13,305
HOLLYFRONTIER CORP COM	COMMON STOCK	1,000		69,900
ILLINOIS TOOL WORKS INC COM	COMMON STOCK	200		28,224
INTL BUSINESS MACHINES COM	COMMON STOCK	200		30,242
INVESCO AUSTRALIAN DOL ETF	COMMON STOCK	100		7,235
INVESCO RYMND JMS SB 1 ETF	COMMON STOCK	1,000		48,441
INVESCO SWISS FRANC ETF	COMMON STOCK	100		9,531
IRIDIUM COMMUNICATIONS INC COM	COMMON STOCK	300		6,750
ITRON INC COM	COMMON STOCK	250		16,050
LAMB WESTON HLDGS INC COM	COMMON STOCK	500		33,300
LEGG MASON INC COM	COMMON STOCK	500		15,615
LINCOLN NATL CORP COM	COMMON STOCK	300		20,298
MARRIOTT VACATIONS WORLD W/I COM	COMMON STOCK	14		1,565
MAXLINEAR INC COM	COMMON STOCK	110		2,187
MDU RES GROUP INC COM	COMMON STOCK	1,000		25,690
MERIT MEDICAL SYSTEMS INC COM	COMMON STOCK	200		12,290
NORDSTROM INC COM	COMMON STOCK	200		11,962
NOVARTIS AG ADR SPONSORED	COMMON STOCK	500		43,080
NUTRIEN LTD CO COM	COMMON STOCK	300		17,310
NVENT ELECTRIC COM	COMMON STOCK	200		5,432
ONE GAS INC COM	COMMON STOCK	100		8,228

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
ONEOK INC COM	COMMON STOCK	400		27,116
ORION ENGINEERED CARBONS SA COM	COMMON STOCK	500		16,050
OWENS ILL INC COM	COMMON STOCK	500		9,395
PAYCHEX INC COM	COMMON STOCK	400		29,460
PENTAIR PLC COM	COMMON STOCK	200		8,670
PHILLIPS 66 COM	COMMON STOCK	300		33,816
PRINCIPAL FINANCIAL GROUP COM	COMMON STOCK	300		17,577
RANGE RESOURCES CORP COM	COMMON STOCK	700		11,893
SAP SE ADR SPONSORED	COMMON STOCK	200		24,600
SASOL LTD ADR SPONSORED	COMMON STOCK	200		7,728
SCHWAB CHARLES CORP COM	COMMON STOCK	300		14,745
SQUARE INC COM CL A	COMMON STOCK	500		49,505
STERIS PLC COM	COMMON STOCK	300		34,320
TEXAS INSTRUMENTS INC COM	COMMON STOCK	300		32,187
TRANSCANADA CORP COM	COMMON STOCK	200		8,092
TWITTER INC COM	COMMON STOCK	250		7,115
VERTEX PHARMACEUTICALS INC COM	COMMON STOCK	200		38,548
WATTS WATER TECHNOLOGIES, INC COM CL A	COMMON STOCK	100		8,300
WESTPORT FUEL SYSTEMS INC COM	COMMON STOCK	200		600
WEYERHAEUSER CO COM	COMMON STOCK	500		16,135
XEROX CORP COM	COMMON STOCK	250		6,745
XILINX INC COM	COMMON STOCK	300		24,051
ZIMMER BIOMET HOLDINGS INC COM	COMMON STOCK	150		19,721
ZURICH INSURANCE GROUP LTD ADR	COMMON STOCK	600		18,891
CASH & CASH EQUIVALENTS			4,771	4,771
CASH & CASH EQUIVALENTS			238,160	238,160
CHF SOLUTIONS INC COM	COMMON STOCK	5		6
CLEARSIGN COMBUSTION CORP COM	COMMON STOCK	2,000		3,200
FANNIE MAE COM	COMMON STOCK	46,500		66,960
GLOBAL X GLOBAL X URANIUM ETF	COMMON STOCK	1,300		17,303
INVESCO EXCHANGE - TRADE FFD TR SOLAR ETF	COMMON STOCK	500		10,370
ISHARES MSCI EMG MKT ETF	COMMON STOCK	500		21,460
LIGHTBRIDGE CORP COM	COMMON STOCK	2,600		2,395
NAUTILUS MINERALS INC COM	COMMON STOCK	60,000		4,219
SELECT SECTOR SPDR TRUST ENERGY ETF	COMMON STOCK	300		22,722
VANGUARD FTSE DEV MKT ETF	COMMON STOCK	250		10,818
VANGUARD HIGH DIV YLD ETF	COMMON STOCK	290		25,256
VANGUARD SHRT TRM CORP BD ETF	COMMON STOCK	260		20,322

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
VANGUARD S&P 500 ETF SHS	COMMON STOCK	190		50,740
VANGUARD MID CAP ETF	COMMON STOCK	125		20,524
VANGUARD GROWTH ETF	COMMON STOCK	300		48,312
VANGUARD SMALL CP ETF	COMMON STOCK	125		20,323
VANGUARD WORLD FUNDS HEALTH CAR ETF	COMMON STOCK	75		13,531
VANGUARD WORLD FUNDS INF TECH ETF	COMMON STOCK	150		30,384
WELLS FARGO WF INC OPPTY FD	COMMON STOCK	1,300		10,296
JP MORGAN CHASE & CO SENIOR MEDIUM	BOND	4.25%, 10/15/2020		20,386
LINCOLN NATL CORP	BOND	4.2%, 03/15/2022		20,290
MORGAN STANLEY DEAN W MS SUB MEDIUM	BOND	4.1%, 05/22/2023		20,124
CASH & CASH EQUIVALENTS			20,627	20,627
ISHARES CORE S&P MCP ETF	COMMON STOCK	378		76,088
ISHARES CORE S&P SCP ETF	COMMON STOCK	405		35,332
SPDR S&P 500 TR UNIT ETF	COMMON STOCK	926		269,207
VANGUARD FTSE DEV MKT ETF	COMMON STOCK	3,943		170,614
VANGUARD FTSE EMR MKT ETF	COMMON STOCK	1,592		65,272
VANGUARD REAL ESTATE ETF	COMMON STOCK	420		33,886
VAN ECK FDS CM COMMOITY INDEX Y	REGISTERED INVEST. COMPANY	5,737		28,282
CASH & CASH EQUIVALENTS			31,650	31,650
ABBVIE INC COM	COMMON STOCK	150		14,187
AMC NETWORKS INC COM CL A	COMMON STOCK	150		9,951
AMGEN INC COM	COMMON STOCK	75		15,547
APACHE CORP COM	COMMON STOCK	200		9,534
APPLE INC COM	COMMON STOCK	75		16,931
AT&T INC COM	COMMON STOCK	200		6,716
CELGENE CORP COM	COMMON STOCK	100		8,949
CISCO SYSTEMS INC COM	COMMON STOCK	400		19,460
CUMMINS INC COM	COMMON STOCK	50		7,304
DUKE ENERGY HOLDINGS CORP COM	COMMON STOCK	100		8,002
FORD MOTOR COM	COMMON STOCK	600		5,550
GAMCO GLOBAL GOLD NTRL RES COM	COMMON STOCK	2,000		9,390
GENERAL ELECTRIC CO COM	COMMON STOCK	300		3,387
GILEAD SCIENCES INC COM	COMMON STOCK	75		5,791
GOLDCORP INC COM	COMMON STOCK	250		2,550
HOLLYFRONTIER CORP COM	COMMON STOCK	100		6,990
INTEL CORP COM	COMMON STOCK	200		9,458
ISHARES MSCI EMG MKT ETF	COMMON STOCK	400		17,168

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
ISHARES MBS ETF	COMMON STOCK	200		20,666
ISHARES INTRM GOV CR ETF	COMMON STOCK	200		21,470
JOHNSON & JOHNSON COM	COMMON STOCK	100		13,817
KIMBERLY CLARK CORP COM	COMMON STOCK	50		5,682
KRAFT HEINZ CO COM	COMMON STOCK	33		1,819
L3 TECHNOLOGIES INC COM	COMMON STOCK	50		10,631
LOCKHEED MARTIN COM	COMMON STOCK	40		13,838
MERCK & CO INC COM	COMMON STOCK	150		10,641
MICROSOFT CORP COM	COMMON STOCK	150		17,156
NIKE INC COM CL B	COMMON STOCK	125		10,590
OBSIDIAN ENERGY LTD COM	COMMON STOCK	1,500		1,425
ORACLE CORP COM	COMMON STOCK	175		9,023
PAYPAL HLDGS INC COM	COMMON STOCK	100		8,784
PEPSICO INC COM	COMMON STOCK	100		11,180
PFIZER INC COM	COMMON STOCK	250		11,018
PROCTER GAMBLE CO COM	COMMON STOCK	100		8,323
QUALCOMM INC COM	COMMON STOCK	100		7,203
SCHLUMBERGER LTD COM	COMMON STOCK	100		6,092
SELECT SECTOR SPDR TRUST ENERGY ETF	COMMON STOCK	300		22,722
SOUTHERN CO COM	COMMON STOCK	200		8,720
SPROTT PHYSICAL GOLD AND SILVE TR UNIT	COMMON STOCK	1,100		12,848
SYSCO CORP COM	COMMON STOCK	100		7,325
THE HERSHEY COMPANY COM	COMMON STOCK	75		7,650
THE MOSAIC CO COM	COMMON STOCK	350		11,368
VANGUARD INTERMED TERM ETF	COMMON STOCK	150		12,072
VANGUARD S&P 500 ETF SHS	COMMON STOCK	75		20,029
VANGUARD MID CAP ETF	COMMON STOCK	100		16,419
VANGUARD GROWTH ETF	COMMON STOCK	100		16,104
VANGUARD SMALL CP ETF	COMMON STOCK	100		16,258
VENTAS INC COM	COMMON STOCK	100		5,438
VERIZON COMMUNICATIONS COM	COMMON STOCK	150		8,009
WALMART INC COM	COMMON STOCK	100		9,391
APPLE INC	BOND	2.85%, 05/06/2021		49,751
AT&T INC	BOND	3%, 02/15/2022		24,486
BANK OF AMERICA CORP SENIOR MEDIUM	BOND	3.3%, 01/11/2023		24,653
GENERAL MILLS INC CALLABLE	BOND	3.15%, 12/15/2021		24,727
JP MORGAN CHASE BANK NA SENIOR MED	BOND	2.2155%, 03/28/2024		22,763
MORGAN STANLEY SENIOR MEDIUM	BOND	2.8%, 06/16/2020		24,804

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
WELLS FARGO & CO SENIOR MEDIUM	BOND	2.625%, 07/22/2022		24,146
WELLS FARGO COMPANY SUBORDINATED	BOND	4.125%, 08/15/2023		25,305
CASH & CASH EQUIVALENTS			11,180	11,180
CASH & CASH EQUIVALENTS			26,002	26,002
ADOBE SYSTEMS INC COM	COMMON STOCK	150		40,493
AMC NETWORKS INC COM CL A	COMMON STOCK	150		9,951
AMGEN INC COM	COMMON STOCK	50		10,365
AT&T INC COM	COMMON STOCK	150		5,037
BAKER HUGHES A GE CO COM CL A	COMMON STOCK	60		2,030
BELLICUM PHARMACEUTICALS INC COM	COMMON STOCK	1,000		6,160
CATERPILLAR INC COM	COMMON STOCK	50		7,625
CERNER CORP COM	COMMON STOCK	200		12,882
DASSAULT SYSTEMS SA ADR SPONSORED	COMMON STOCK	50		7,458
DUKE ENERGY HOLDINGS CORP COM	COMMON STOCK	100		8,002
EDITAS MEDICINE INC COM	COMMON STOCK	500		15,910
F M C CORP COM	COMMON STOCK	100		8,718
F5 NETWORKS INC COM	COMMON STOCK	50		9,971
FIRST TRUST ISE CLOUD COMPUTING ETF	COMMON STOCK	500		28,360
FORD MOTOR COM	COMMON STOCK	400		3,700
GENERAL ELECTRIC CO COM	COMMON STOCK	150		1,694
GILEAD SCIENCES INC COM	COMMON STOCK	75		5,791
ILLUMINA INC COM	COMMON STOCK	50		18,353
INTEL CORP COM	COMMON STOCK	100		4,729
ISHARES NASDAQ BIOTECH ETF	COMMON STOCK	300		36,582
JOHNSON & JOHNSON COM	COMMON STOCK	50		6,909
KIMBERLY CLARK CORP COM	COMMON STOCK	50		5,682
KRAFT HEINZ CO COM	COMMON STOCK	66		3,637
LOCKHEED MARTIN COM	COMMON STOCK	25		8,649
MCCORMICK & CO INC COM	COMMON STOCK	75		9,881
MERCADOLIBRE INC COM	COMMON STOCK	75		25,535
MICROSOFT CORP COM	COMMON STOCK	50		5,719
MONDELEZ INTL INC COM CL A	COMMON STOCK	100		4,296
NUCOR CORP COM	COMMON STOCK	50		3,173
NXP SEMICONDUCTOR NV COM	COMMON STOCK	100		8,550
PAYPAL HLDGS INC COM	COMMON STOCK	100		8,784
PEPSICO INC COM	COMMON STOCK	50		5,590
PROCTER GAMBLE CO COM	COMMON STOCK	50		4,162

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
QUALCOMM INC COM	COMMON STOCK	200		14,406
SCHLUMBERGER LTD COM	COMMON STOCK	153		9,321
SELECT SECTOR SPDR TRUST ENERGY ETF	COMMON STOCK	100		7,574
SELECT SECTOR SPDR TRUST SBI INT-UTILS ETF	COMMON STOCK	100		5,265
SIERRA WIRELESS INC COM	COMMON STOCK	200		4,020
SPDR S&P MIDCAP UTSER1 S&PDCRP ETF	COMMON STOCK	50		18,373
SPROTT PHYSICAL GOLD AND SILVE TR UNIT	COMMON STOCK	1,700		19,856
TENCENT HOLDINGS LTD ADR	COMMON STOCK	200		8,168
THE HERSHEY COMPANY COM	COMMON STOCK	75		7,650
THE MOSAIC CO COM	COMMON STOCK	100		3,248
VENTAS INC COM	COMMON STOCK	50		2,719
VERIZON COMMUNICATIONS COM	COMMON STOCK	150		8,009
VISA INC COM CL A	COMMON STOCK	200		30,018
WHEATON PRECIOUS METALS CORP COM	COMMON STOCK	150		2,625
WILLIAMS COS INC COM	COMMON STOCK	100		2,719
CASH & CASH EQUIVALENTS			158	158
GRIFFIN INSTL ACCESS REAL ESTATE	REGISTERED INVEST. COMPANY	15		391
ARCHON CAPITAL GROWTH & INCM LP CL A NSA	COMMON STOCK	1		27,200
GPB HOLDINGS II LP CL A NSA	COMMON STOCK	1		0
LODGING OPPORTUNITY FUND REIT NSA	COMMON STOCK	2,688		26,882
SQN VENTURE INCOME FUND LP NSA	COMMON STOCK	25		27,233
WAVELAND RESOURCE PARTNERS IV LP NSA	COMMON STOCK	1		55,535
CASH & CASH EQUIVALENTS			2	2
DODGE & COX	REGISTERED INVEST. COMPANY	25	330	331
FIDELITY GOVERNMENT CASH RESERVES	COMMON STOCK	14	14	14
ISHARES CORE S&P MID-CAP ETF	COMMON STOCK	1	169	179
ISHARES CORE S&P SMALL-CAP ETF	COMMON STOCK	1	62	64
CASH & CASH EQUIVALENTS			9,031	9,031
ALERIAN MLP ETF	COMMON STOCK	2,265	25,031	24,190
ALIBABA GRP HOLDING ADR LTD	COMMON STOCK	57	10,260	9,391
ALPHABET INC NON VOTING CAP STK CL C	COMMON STOCK	20	21,186	23,869
ALPS TRUST ETF	COMMON STOCK	235	10,154	10,777
AMAZON COM INC	COMMON STOCK	25	22,272	50,075
APPLE INC	COMMON STOCK	55	10,038	12,416
ARK ETF TR INNOVATION ETF	COMMON STOCK	495	20,329	23,433
AT&T INC	COMMON STOCK	890	30,700	29,886
BANK OF AMERICA CORP	COMMON STOCK	400	9,274	11,784
BLACKROCK INC	COMMON STOCK	20	10,270	9,427

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
BLACKSTONE GROUP LP	COMMON STOCK	705	20,454	26,846
BOX INC CLASS A	COMMON STOCK	390	10,170	9,325
BP PLC SPONS ADR	COMMON STOCK	655	25,493	30,196
CARLYLE GROUP LP	COMMON STOCK	470	10,174	10,599
CITIGROUP INC	COMMON STOCK	180	10,179	12,913
COSTCO WHSL CORP	COMMON STOCK	65	10,384	15,267
ENERGY SELECT SECTOR SPDR	COMMON STOCK	220	15,123	16,663
MANAGERS TR ETFMG PRIME MOBILE PAYMENTS	COMMON STOCK	270	10,182	11,586
MANAGERS TR ETFMG PRIME CYBER SEC ETF	COMMON STOCK	290	10,435	11,638
EXCHANGE TRADED CONCEPTS TR INNOVATION	COMMON STOCK	600	15,190	16,080
FACEBOOK INC CLASS A	COMMON STOCK	57	10,263	9,374
FIDELITY COVINGTON TR DIVID ETF	COMMON STOCK	360	10,140	11,657
FIDELITY MSC FINANCIALS INDEX	COMMON STOCK	525	20,464	21,173
FIRST DATA CORP CL A	COMMON STOCK	865	15,315	21,167
FORD MOTOR COMPANY	COMMON STOCK	3,345	35,596	30,941
GENESIS ENERGY LP	COMMON STOCK	945	20,422	22,472
GEO GRP INC	COMMON STOCK	715	15,256	17,989
GLAXOSMITHKLINE PLC	COMMON STOCK	505	20,367	20,286
GLOBAL X FUNDS ROBOTICS & AI ETF	COMMON STOCK	960	19,720	21,965
GOLDMAN SACHS GROUP INC	COMMON STOCK	45	10,521	10,091
HECLA MINING COMPANY	COMMON STOCK	3,315	10,199	9,249
INDUSTRIAL SELECT SECTOR SPDR	COMMON STOCK	285	20,734	22,344
INNOVATOR TR LOUP FRONTIER TECH	COMMON STOCK	395	10,276	10,424
INVESCO NASDAQ INTERNET ETF	COMMON STOCK	80	10,638	10,774
INVESCO DB COMMODITY INDEX TRACKING FD	COMMON STOCK	595	10,203	10,692
INVESCO TR AEROSPACE & DEFENSE ETF	COMMON STOCK	240	10,152	14,765
INVESCO TR S&P 500 EQUAL WEIGHT	COMMON STOCK	85	10,035	9,233
ISHARES EDGE MSCI MIN VOL	COMMON STOCK	285	20,666	20,751
ISHARES US AEROSPACE & DEFENSE	COMMON STOCK	140	20,967	30,300
ISHARES CORE MSCI TOTAL INTL STK ETF	COMMON STOCK	170	10,212	10,253
ISHARES CORE S&P MID ETF	COMMON STOCK	55	10,423	11,071
ISHARES CORE S&P SMALLCAP	COMMON STOCK	135	10,344	11,777
ISHARES EDGE MSCI MIN VOL USA ETF	COMMON STOCK	380	20,360	21,675
ISHARES S&P 500 GROWTH	COMMON STOCK	135	20,892	23,918
JD.COM INC	COMMON STOCK	265	9,380	6,914
MICROSOFT CORP	COMMON STOCK	150	10,408	17,156
PAYPAL HOLDINGS INC	COMMON STOCK	145	10,459	12,737

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
ROBO GLOBAL ROBOTICS & AUTOMATION INDEX	COMMON STOCK	530	19,785	22,181
ROYAL DUTCH SHELL PLC	COMMON STOCK	430	25,392	29,300
SALESFORCE.COM	COMMON STOCK	100	10,268	15,903
SCHWAB US DIVIDEND EQUITY	COMMON STOCK	220	10,210	11,660
SECTOR SPDR TR TECHNOLOGY SELECT SECTOR	COMMON STOCK	290	15,915	21,846
SELECT SECTOR SPDR TR FINANCIAL	COMMON STOCK	350	10,259	9,653
SELECT SECTOR SPDR T CONSUMER STAPLES	COMMON STOCK	180	10,323	9,707
SELECT SECTOR SPDR F MATERIALS	COMMON STOCK	340	20,500	19,696
SELECT SECTOR SPDR COMMUNICATION SVCS	COMMON STOCK	210	10,320	10,290
SNAP INC	COMMON STOCK	1,480	20,396	12,550
SPDR S&P REGNL BNKG	COMMON STOCK	165	10,319	9,804
TENCENT HOLDINGS LTD	COMMON STOCK	300	15,245	12,252
VANGUARD DIVIDEND APPRECIATION	COMMON STOCK	210	20,672	23,247
VANGUARD ENERGY	COMMON STOCK	160	15,114	16,818
VANGUARD FINANCIALS	COMMON STOCK	160	10,119	11,099
VANGUARD HEALTH CARE	COMMON STOCK	70	10,562	12,629
VANGUARD INDUSTRIALS	COMMON STOCK	150	20,625	22,158
VANGUARD INFORMATION TECHNOLOGY	COMMON STOCK	115	16,151	23,294
VANGUARD MATERIALS	COMMON STOCK	70	10,043	9,178
VANGUARD MID CAP	COMMON STOCK	65	10,121	10,672
VANGUARD MID-CAP GROWTH FUND	COMMON STOCK	90	10,117	12,825
VANGUARD SMALL CAP GROWTH	COMMON STOCK	65	10,438	12,176
VANGUARD SMALL CAP VB	COMMON STOCK	75	9,994	12,194
WELLS FARGO & CO NEW	COMMON STOCK	190	10,142	9,986
WISDOMTREE INVESTMENTS INC	COMMON STOCK	2,230	20,436	18,910
WISDOMTREE S/C DVD	COMMON STOCK	335	10,271	9,953
WISDOMTREE US MIDCAP DIVIDEND FUND	COMMON STOCK	270	10,234	9,958
ZUORA INC	COMMON STOCK	350	10,288	8,089
GENERAL MOTORS GLOBAL	BOND	8.375%, 07/15/33	1	0
SAN LUIS AZ FAC DEV CORP REV RFDG TXBL SR	BOND	7.250%, 05/01/30	25,548	17,174
AMCAP FUND INC CL A	REGISTERED INVEST. COMPANY	1,579	45,624	55,610
AMER MUTUAL FD INC A	REGISTERED INVEST. COMPANY	1,234	45,568	52,853
CAPITAL WORLD GROWTH & INCOME FD INC CL A	REGISTERED INVEST. COMPANY	709	27,913	36,281
FRANKLIN SMALL CAP GROWTH FD II CL A	REGISTERED INVEST. COMPANY	2,326	44,628	61,839
FRANKLIN INCOME FUND CLASS A1	REGISTERED INVEST. COMPANY	6,753	15,783	15,666
FRANKLIN CUST DYNA TECH CL A	REGISTERED INVEST. COMPANY	1,993	74,926	161,746
FRANKLIN STRATEGIC SER GROWTH OPP FD CL A	REGISTERED INVEST. COMPANY	2,006	60,342	87,173
FRANKLIN MGO TR RISING DIVIDS PORTFOLIO CL A	REGISTERED INVEST. COMPANY	303	15,911	20,022

SALTZER MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
SALTZER MEDICAL GROUP, P.A.
PLAN #001
82-0299231

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF YEAR
(ATTACHMENT TO SCHEDULE H, LINE 4i)
September 30, 2018

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current Value
	FUNDAMENTAL INVS INC CLASS A	REGISTERED INVEST. COMPANY	768	44,205	50,171
	NEW ECONOMY FUND CL SBI CL A	REGISTERED INVEST. COMPANY	844	34,752	41,557
	NEW PERSPECTIVE FD A	REGISTERED INVEST. COMPANY	1,306	51,578	61,152
	BLACKROCK SCIENCE & TECHNOLOGY TR	REGISTERED INVEST. COMPANY	1,015	35,850	36,033
	ALLIANZGI EQUITY & CONV INCOME FUND	REGISTERED INVEST. COMPANY	1,880	39,783	43,146
	BLACKROCK RESOURCES & COMMODITIES	REGISTERED INVEST. COMPANY	1,130	10,174	10,249
	BLACKROCK ENHANCED CAPITAL AND INCOME FD	REGISTERED INVEST. COMPANY	2,185	35,342	37,582
	BLACKROCK ENHANCED EQUITY DIVIDEND TRUST	REGISTERED INVEST. COMPANY	4,330	38,528	41,092
	ABERDEEN TOTAL DYNAMIC DIVIDEND FD BEN INT	REGISTERED INVEST. COMPANY	2,255	20,314	19,799
	NUVEEN DOW 30 DYNAMIC OVERWRITE FD	REGISTERED INVEST. COMPANY	2,220	39,122	43,934
	ROYCE VALUE TRUST INC	REGISTERED INVEST. COMPANY	1,260	20,403	20,601
	SPROTT FOCUS TR INC FUND	REGISTERED INVEST. COMPANY	2,520	20,345	18,598
	CASH & CASH EQUIVALENTS			481	481
	CASH & CASH EQUIVALENTS			5,239	5,239
	DIMENSIONAL GLOBAL EQUITY PORTFOLIO	REGISTERED INVEST. COMPANY	17,744		425,138
	CORE FIXED INCOME FUND	REGISTERED INVEST. COMPANY	6,734		73,126
	HIGH YIELD BOND FUND	REGISTERED INVEST. COMPANY	1,488		10,612
	EMERGING MKTS DEBT FUND	REGISTERED INVEST. COMPANY	549		5,102
	INTL FIXED INCOME FUND	REGISTERED INVEST. COMPANY	1,014		10,416
	CASH & CASH EQUIVALENTS			63	63
*	PARTICIPANT LOANS VARIOUS EMPLOYEES	PARTICIPANT LOANS	VAR INTEREST RATES	65,276	65,276

* DENOTES PARTY IN INTEREST

** COST INFORMATION IS NOT REQUIRED FOR PARTICIPANT-DIRECTED INVESTMENTS AND, THEREFORE, IS NOT INCLUDED

SCHEDULE OF REPORTABLE TRANSACTIONS
SEPTEMBER 30, 2018

Plan Name: SALTZER MEDICAL GROUP, P.A 401(K) PROFIT SHARING PLAN — Plan Number: 001

Plan Sponsor: SALTZER MEDICAL GORUP, P.A. — EIN: 82-0299231

Schedule H, line 4j - Schedule of Reportable Transactions								
(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Federated Prime Cash Obligations Fund	Mutual Fund		6,655,916			*	6,655,916	*
Voya Gv Mny Mkt F A	Mutual Fund	6,705,731					6,705,731	

* Cost basis and gain/(loss) amounts are not available on these mutual fund sales.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 10/01/2017 and ending 09/30/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/01/1971

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SALTZER MEDICAL GROUP, P.A.

215 E HAWAII AVE

NAMPA ID 83686-6011

2b Employer Identification Number (EIN) 82-0299231

2c Plan Sponsor's telephone number 208-463-3000

2d Business code (see instructions) 621111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Cindy Hodges	7/3/19	CINDY HODGES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Cindy Hodges	7/3/19	CINDY HODGES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	111
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	45
a(2) Total number of active participants at the end of the plan year	**6a(2)**	46
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	45
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	91
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	91
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	91
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2G 2J 2R 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) [ ] **R** (Retirement Plan Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information - Small Plan)
(3) [X] 2 **A** (Insurance Information)
(4) [X] **C** (Service Provider Information)
(5) [ ] **D** (DFE/Participating Plan Information)
(6) [ ] **G** (Financial Transaction Schedules)

Federal Statements

SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING

Plan: 001

Plan transactions in excess of 5% of plan assets

Name / Description	Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
FEDERATED PRIME CASH OBLIG. MUTUAL FUND	$	$ 6655916	$	$	$	$ 6655916	$
VOYA GV MNY MKT F A MUTUAL FUND	6705731					6705731	

Federal Statements

SALTZER MEDICAL GROUP, P.A. 401(K) PROFIT SHARING
Plan: 001

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
		SEE ATTACHMENT	$	$